FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL

OMB NUMBER: 3235-0076

Expires: May 31, 2002

Estimated average burden
hours per form 1.00



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE C	ONLY
Prefix	Serial
DATE RECI	EIVED

Name of Offering (check if this is an amer	ndment and name has changed, and indicate change	e.)
Common Stock		
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 506	Section 4(6) TULOES
Type of Filing: New Filing Amend	ment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the iss	uer	4
Name of Issuer (check if this is an amend	ment and name has changed, and indicate change.)	
OKTV, Inc.		(2) 105/69
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
10554 Ohio Avenue, Los Angeles, CA 90024		(310) 470-9272
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		
Provider of children's television program so	ftware	
Type of Business Organization		PRACECOER
orporation [limited partnership, already formed	other (please specify) OCESSED
business trust	limited partnership, to be formed	11.4 3 1 0000
	Month Ye	ar D JUL 2 4 2002
Actual or Estimated Date of Incorporation or C	Organization: 1 0 9	9 Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation f	for State:
_ (CN for Canada; FN for other foreign jurisdiction	D E FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (5/91) 1 of 8

2. Enter the information reques	sted for the following:				
• Each promoter of the issue	er, if the issuer has be	en organized within the p	ast five years;		
• Each beneficial owner hav	ving the power to vote	e or dispose, or direct the	vote or disposition of, 10%	or more of a clas	ss of equity securities of the issuer;
Each executive officer and	d director of corporate	e issuers and of corporate	general and managing partr	ers of partnershi	p issuers; and
• Each general and managir	ng partner of partnersl	nip issuers.			•
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Fopeano, Stephan					
Business or Residence Address	(Number and Street,	City, State, Zip Code)			" -
10554 Ohio Avenue, Los Ang	eles, CA 90024	·			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i Schwartz, Daniel	ndividual)				
Business or Residence Address 10554 Ohio Avenue, Los Ang	A STATE OF THE STA	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Leghorn, Richard					
Business or Residence Address	·	City, State, Zip Code)			
10554 Ohio Avenue, Los Ang					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if i Wood, Andrea	ndividual)			ag sagict da Magnetication	rempressione Les essentiales de la company de la comp La company de la
Business or Residence Address	(Number and Street,	City, State, Zip Code)	side and the first of the		
10554 Ohio Avenue, Los Ang	eles, CA 90024				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				·
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
·	(Use blank s	sheet, or copy and use add	litional copies of this sheet,	as necessary.)	

A. BASIC IDENTIFICATION DATA

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				B. IN	IFORMA'	TION AB	OUT OF	ERING.	al sub-physical base			e de la companya de l
1. Has t	he issuer so	old, or does	the issuer in	ntend to sel	l, to non-acc	credited inv	estors in th	is offering?		Ye	s No	
		•			x, Column 2							
2. What	t is the mini			• •	pted from ar				• • • • • • • • • • • • • • • • • • • •	\$	n/a	
				ŕ	•							
3. Does	the offerin	g permit jo	int ownershi	p of a singl	le unit?					Υ <u>ε</u>	es No	
comn offeri and/o assoc	nission or si ing. If a per or with a sta	imilar remu son to be li te or states, ns of such a	neration for sted is an as list the nam broker or o	solicitation sociated pe ne of the bro	ho has been n of purchas erson or ager oker or deal may set fort	ers in conn nt of a brok er. If more	ection with er or dealer than five (5	sales of sec registered) persons to	urities in th with the SE be listed a	ie C re	ot applicabl	e
T ull I va.	me (Last ne	inic msi, m	marriduar									
Busines	s or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)						
Name o	f Associate	d Broker o	r Dealer			<u></u>						
States in	n Which Pe	rson Listed	Has Solicit	ed or Inten	ds to Solicit	Purchasers	3					
,			individual	•							All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last na	me first, if	individual									
		. 11	Q1 1	10.	G': G: 1	7: 6 1)					·	
Busines	s or Keside	nce Addres	s (Number :	and Street,	City, State,	Zip Code)						
Name o	f Associate	d Broker or	Dealer						5			
					ds to Solicit	Purchasers	3			_	Lange :	
(Check	("All State [AK]	s" or check [AZ]	individual ([AR]	States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	∟ [GA]	All States [HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[G/1] - [MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last na	me first, if	individual									
Busines	s or Reside	nce Addres	s (Number a	and Street,	City, State,	Zip Code)						
Name o	f Associate	d Broker or	Dealer		· · · · · · · · · · · · · · · · · · ·							· · · · · · · · · · · · · · · · · · ·
States in	n Which Pe	rson Listed	Has Solicit	ed or Inten	ds to Solicit	Purchasers	<u> </u>				····	
(Check	c "All State	s" or check	individual	States)							All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCE	EDS
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for		
exchange and already exchanged.	Aggregate	Amount Already
Type of Security	Offering Price	Sold
Debt	\$	\$
Equity	\$	\$20,838.67
Common Preferred		
Convertible Securities (including warrants).	\$	\$
Partnership Interests	\$	\$
Other (Specify)	\$	\$
Total	\$20,838.67_	\$20,838.67
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	1	\$ 20,838.67
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		,
Transfer Agent's Fees		\$
Printing and Engraving Costs		\$
Legal Fees	×	\$1,000
Accounting Fees		\$
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (identify)		\$
Total		\$ 1,000

C. OFFERING PRICE, NUMBER OF	INVESTORS, EXPENSE	ES AND US	E OF PR	OCEEDS	
b. Enter the difference between the aggregate offering price Question 1 and total expenses furnished in response to Part the "adjusted gross proceeds to the issuer."	C - Question 4.a. This differen			\$_	19,838.67
5. Indicate below the amount of the adjusted gross proceeds to used for each of the purposes shown. If the amount for any pestimate and check the box to the left of the estimate. The to the adjusted gross proceeds to the issuer set forth in respons	ourpose is not known, furnish a stal of the payments listed mus	an t equal			
and any and the green processes common source con total an interposit	o to Yant o Quotion the acc	Pay n Off Direc	nents to icers, etors, & iliates	Pa	yments To Others
Salaries and fees		\$	0	\$	0
Purchase of real estate		\$	0	□ \$	0
Purchase, rental or leasing and installation of mach	inery and equipment	\$	0	\$	0
Construction or leasing of plant buildings and facil	ities	\$	0	□ \$	0
Acquisition of other businesses (including the value this offering that may be used in exchange for the a another issuer pursuant to a merger)	ssets or securities of	\$	0	□ \$	0
Repayment of indebtedness		\$	0	S	0
Working capital		\$	0	⊠ \$	19,838.67
Other (specify):		\$	0	\$	0
		\$		\$	
		\$		S	
Column Totals		□ \$	0	S	19,838.67
Total Payments Listed (column totals added)			⊠ \$	19,838.67	
D. FE	DERAL SIGNATURE		27 Tel		
The issuer has duly caused this notice to be signed by the under following signature constitutes an undertaking by the issuer to its staff, the information furnished by the issuer to any non-acc	furnish to the U.S. Securities a	and Exchange	e Commissi 2) of Rule 5	on, upon wr 502.	
Issuer (Print or Type) OKTV, Inc.	Signature 5		Date	1002	
Name of Signer (Print or Type) Stephan Fopeano	Title of Signer (Print or Type President	:)			
	. ·				
	ATTENTION				
Intentional misstatements or omissions of fact constitute fe	deral criminal violations. (S	ee 18 U.S.C.	. 1001.)		

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E. S	TATE SIG	NATURE	<u> </u>		Arts Carrier
. Is any party described in 17 CFR 230.262 presently subjec	t to any of th	e disqualification provisions o	of such rule	? Yes	No ⊠
See Append	ix, Column 5	, for state response.			
2. The undersigned issuer hereby undertakes to furnish to any (17 CFR 239.500) at such times as required by state law.	state admini	istrator of any state in which the	nis notice is	s filed, a notice	on Form D
3. The undersigned issuer hereby undertakes to furnish to the offerees.	state admini	strators, upon written request,	informatio	n furnished by t	he issuer to
 The undersigned issuer represents that the issuer is familian Offering Exemption (ULOE) of the state in which this noti exemption has the burden of establishing that these conditions. 	ce is filed an	d understands that the issuer of			
The issuer has read this notification and knows the contents to undersigned duly authorized person.	be true and	has duly caused this notice to	be signed o	on its behalf by	the
ssuer (Print or Type)	Signature		Date	7/10/02	
OKTV, Inc. Vame of Signer (Print or Type) Stephen Fopeano	Title of Sig President	ner (Print or Type)		7110102	

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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A	M	PΝ	NI.	א וי

1	Intend non-acc	to sell to credited s in State	Type of security and aggregate offering price offered in State (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqual under ULOE att explan waiver	5 lification r State (if yes, each ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ			·						
AR									
CA		X	Common Stock \$20,838.67	1	20,838.67	0	0		X
СО									
СТ									
DE						,			
DC									
FL									
GA									
HI									
ID									
IL		·	<u> </u>						
KS									
KY							-		
LA	<u> </u>								
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MA									
MI					5				ļ
MN									
MS									<u> </u>
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			ΙX

1	Intend to	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Type of investor and amount purchased in State			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
MT											
NE											
NV					-						
NH											
NJ							_				
NM											
NY											
NC											
ND											
ОН											
OK											
OR											
PA											
RI											
SC											
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TX_											
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VA											
WA											
WV											
WI											
WY											
PR											

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